As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an

		on the invention entitled	ne subject matter which
"FLUIDIZED BED R	EACTOR SYSTEM	HAVING AN EXHAUST	GAS PLENUM"
		November 25, 2003 ended on	
I hereby state specification, includir		and understand the contents	of the above-identified
I acknowledge defined in 37 CFR § 1		information which is mat	erial to patentability as
(d) or § 365(b) of an 365(a) of any PCT in the United States, lis	y foreign application ternational application ted below and have tertificate, or PCT int	efits under Title 35, United (s) for patent or inventor's n which designates at least also identified below any ernational application, havelaimed:	s certificate, or under § one country other than foreign application for
Country	Application No.	Filed (Day/Mo./Yr.)	Priority Claimed (Yes/No)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) under § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.

Filed (Day/Mo./Yr.)

Status (Patented/Pending/Abandoned)

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(Page 2)

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor Scott Darling		
Inventor's Signature SLD		
Date 9/25/04 Citizen/Subject of U.S.A.		
Residence 17 Pine Place, Annandale, NJ 08801, U.S.A.		
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